

# Affidavit of Judgment Debtor

(Form DC 87)

STATE OF MICHIGAN  
JUDICIAL DISTRICT

## AFFIDAVIT OF JUDGMENT DEBTOR

CASE NO.

Court address

Court telephone no.

Plaintiff's name and address

Defendant's name and address

v

I swear that

1. I am a party in this case.

2. A judgment was entered against me in the amount of \$\_\_\_\_\_.

3. The following is a true statement of my assets and financial obligations.

<b>IDENTIFICATION</b>		Address		City, state, zip	
Telephone no.		Birth date		Social Security no.	
Employer		Employer telephone no.			
Address		City, state, zip			
<b>INCOME</b>	Net earnings \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	Payday
<b>ASSETS</b>	Checking \$	Account no.		Savings \$	Account no.
Name of bank or financial institution				Branch location	
Automobile		Year	Make	License plate no.	Approximate value \$
Amount owed \$		Leinholder		Registered to:	
Home <input type="checkbox"/> Own <input type="checkbox"/> Rent		Address		City, state, zip	
Monthly payment \$		Value \$	Owed \$	Name of mortgage holder or landlord	
Total money owed to you \$		Specify below each amount of money owed to you, the due date, and the name of the individual, business, etc. who owes you money			
Amount \$		Due date		Name who owes money	
Amount \$		Due date		Name who owes money	

(List additional assets on reverse side)

I swear under penalties of perjury that this information is true, accurate, and complete.

Date

Signature

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Deputy court clerk/Notary public

Approved, SCAO

Original - Court  
1st copy - Plaintiff  
2nd copy - Defendant

**STATE OF MICHIGAN  
JUDICIAL DISTRICT**

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Defendant's name and address

Other Assets: (continued)